

Permit Number: \_\_\_\_\_

FREDERICK COUNTY HEALTH DEPARTMENT  
350 MONTEVUE LANE  
FREDERICK, MD 21702

Telephone: 301-600-3157

**VEHICLE APPLICATION AND INSPECTION FOR LIQUID WASTE HAULERS**

**To be Completed by Applicant:**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Trading As (Name Displayed on Truck): \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Model of Vehicle: \_\_\_\_\_

Serial Number of Vehicle: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

=====

**DO NOT COMPLETE SECTION BELOW: For Health Department Use Only**

**1. THE FOLLOWING ITEMS ARE REQUIRED PRIOR TO LICENSE BEING ISSUED (see COMAR 26.04.06.15C(3):  
(All signage must be PERMANENT and cannot be MAGNETIC)**

	<b><u>YES</u></b>	<b><u>NO</u></b>
A. Name and address of Company legibly lettered at least 3 inches in height on both sides of vehicle:	( )	( )
B. The words "SEWAGE ONLY" legibly lettered at least 6 inches in height on rear of vehicle:	( )	( )
C. Permit number legibly lettered at least 3 inches in height on both sides of vehicle:	( )	( )

Failure of any of the above items will result in permit not being issued until compliance is met and vehicle is reinspected.

2. Watertight Tank or Body:		
A. Water filled to 1/3 capacity of tank for inspection:	( )	( )
B. No water leaking from tank:	( )	( )
C. All openings to tank have watertight seals:	( )	( )
D. Pump operates without discharging water through leaks in pumping apparatus:	( )	( )
E. No leaks in hoses or hose connections:	( )	( )
F. There are ____ (number of) hoses and all have been inspected and are usable:	( )	( )
G. General condition of truck is clean and sanitary:	( )	( )

**3. Notes:**

- A. All requirements of the Department of the Environment Regulation 26.04.02.08 Scavenging and all requirements of Frederick County Health Department Guidelines to supplement the preceding regulations must be complied with.
- B. A permit will not issued if more than two (2) items listed under #2 & 3 are not satisfactory at time of inspection.
- C. Each scavenger will be issued one permit number to be applied to each vehicle, followed by a letter.  
Example: FC-1A, FC-1B, FC-1C, etc.

**4. TO BE COMPLETED BY HEALTH DEPARTMENT:**

Permit Valid From: \_\_\_\_\_ Thru: \_\_\_\_\_

Approved for Annual Operating Permit \_\_\_\_\_  
(Sanitarian) (Date)